



ASHEVILLE HOUSING AUTHORITY

Housing Choice Voucher Program
165 South French Broad Avenue
Asheville, NC 28801

Business Hours: 9 a.m. – 5 p.m. Monday – Thursday

NOTICE OF INTENT TO VACATE

This serves as a formal intent to vacate notice to both the landlord and the Housing Choice Voucher (HCV) participant (tenant).

Date: _____

Tenant Name: _____

Address: _____

It is my intent to vacate from the above rental property on _____.

I understand that a minimum thirty (30) day notice is required and that the vacate date must be the last day of the month.

Please be aware that the HCV Program will not make housing assistance payments to the landlord beyond the vacate date.

My reason for leaving is: _____

My forwarding address is: _____

Are you requesting to be removed from the HCV Program? Yes No

The landlord understands that as a result of this decision, he/she is not entitled to vacancy loss payments from the HCV Program.

Tenant signature: _____ Date: _____

Landlord signature: _____ Date: _____